

TABLE1

Providers				Chiropractors		Impetus	Pilot	Start Date
Organization	Structure (self-reported)	Numbers	Types (primary treating)	Primary	Access (if not primary)			
NY State Dept. of Health	MCOs	3,000 (contracted with 12 MCOs)	All physicians.	Yes, if in MCO	N/A	1993 managed care pilot legislation (improve access and decrease costs)	Yes	October, 1995
The Electrical Employees Self-Insurance Safety Plan	PPO	20,000 - 25,000 (with plans to decrease that number, based upon injury trends and the need for certain specialties)	All physicians (they want to develop a panel of providers experienced in OM.)	Yes	N/A	1995 NY State legislation allowed workers to opt out of State WC program through collective bargaining agreements.	Yes	May 1, 1996
UNITE Occupational Health/WC Program	Their own clinic system.	Approx. 20	Occupational medicine physicians.	No	If they go outside the UNITE program.	-To see if more immediate treatment affects health outcomes. -To provide information for legislative efforts.	Yes	The OH clinic began operation in 1988; was certified by NY State to provide WC care in 1995; advocacy component began in July, 1995.
Kentucky Department of Workers' Claims	27 MC plans, some operated by national PPOs	DK	Any physician.	Yes	N/A	- Rising medical, indemnity, and administrative costs, driven largely by coal industry. - Legislation allowed employers to select MC plan to provide WC medical benefits.	No	November, 1994

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Work Comp Network	WCN contracts with individual physicians or physician groups who provide care on a fee-for-service basis with a gatekeeper model.	Approx. 400	Occupational medicine, family practice, internal medicine, ER medicine, or chiropractic physician.	Yes	N/A	- 1994 House Bill 928 allowed development of managed care arrangements for WC (even though KY is a workers' choice state). - "Exorbitant" WC costs hindering KY's ability to attract businesses; (loosing businesses to nearby Indiana.) - High costs of covering the coal industry distributed among all insurance carriers.	No	The KY WC managed care program began in November, 1994; WCN began participating in February, 1996.
HealthSouth Corporation	Large primary and secondary care organization. OM program operates in 8 states; most of 50 clinics in WA & CA. Organization of providers varies by state. Most providers are independent contractors or employees of the MCO.	150 in CA and WA.	ER medicine, family practice, or general practitioner. About half are board certified.	Varies by state (in CA, yes).	N/A	- Need to develop more cost-effective care. - Belief that "integrated systems" are more cost-effective. - Future health care cost containment lies in managed care and capitation.	No	September, 1996
Health Insurance Plan of New York	Fee-for-service PPO - operates in NY, NJ, and FL.	In NY, 2,500	Any physician -- either a PCP or a specialist. IWs enter system by calling toll free number; nurse triages to appropriate provider.	No	After first visit, physician and nurse case manager may decide chiropractic treatment is next step in treatment plan.	Two laws: "The MCO law" passed in 12/93 went into effect 5/95 (pilot program that is rarely used and de facto repealed). And "The WC PPO Act" passed last year went into effect 1/1/97. Both attempts to address high costs, low benefits, and copious litigation.	No, but it started as one with 1993 MCO law.	MCO pilot program: 5/95 PPO program: 1/1/97

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Workers' Compensation Community Care Network (CCN)	CCN operates in over 40 states as a discounted PPO (the bulk of its business is in CA).	Approx. 100,000 nation-wide, with approx. 20,000 in CA.	Full range of specialists represented; most are primary care physicians.	Varies by state. In states where CCN designates primary treating provider, DCs do not serve in this role.	Varies by state, and may be dictated by State law.	CCN was one of first PPOs to get involved in WC. Developed in part from an RWJ grant to: 1) enlist physicians who understood WC system; 2) select providers who they knew would practice quality medicine; and 3) offer carriers and employers a discount.	The PPO is not a pilot. They do have a pilot, called CompExcel.	The PPO was developed in 1993, and they entered the workers' compensation arena in 1994.
Liberty Northwest, Health Plus	Integrated workers' compensation/ group health benefits plan; operates in four NW states as a discounted, fee-for-service PPO, which does not use a gatekeeper system.	In Portland area, approx. 1,700 network providers.	In OR, general or family practitioners and internists.	Yes, maximum of 30 days or 12 visits, whichever comes first.	N/A	Federal government Title X Comprehensive Health Act of 1992 prompted Liberty to explore benefits of integrated product; lower overhead costs by offering WC benefits in addition to regular managed care product.	No	Liberty enrolled its own employees in 1/94. Product available on the market in 12/94.
CorVel Corporation	National PPO, which operates in 43 states, offering both WC and group health benefits.	150,000 (in the 43 states)	Varies by state, as well as by which services are purchased by the customer. The IW calls a 1-800 number, and the case manager refers to appropriate care.	Varies by state. Used only if State requires.	In some states, IWs can just go, as long as the DC is in the network and the treatment is appropriate. Other states require referral from primary treating provider.	- To take advantage of capabilities to reduce costs in the WC arena, as done in group health market. - To give clients ability to direct care and to receive background information on providers.	No	In 1992, they began operations in 13 states.

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PhyCor	Physician practice management company partnered with 49 autonomous, multi-specialty group practices across the country. Also manage another 15,000 physicians in IPA settings for MC purposes.	Approx. 3500, in group practices varying in size from 50-200.	All types of primary care and specialist physicians.	No	Referral from other providers.	Company founded to drive both cost and quality decisions by giving physicians tools, technology, and systems to improve clinical performance and business operations.	No	1988
Intracorp	Intracorp has two models: -large discounted PPO, the Mosaic Network (no gatekeepers or intensive case management) - smaller, more selective group of providers, the Occupational Health Program (OHP). Use gatekeepers; reimbursements not discounted; providers may receive bonuses for timely release to work and sustained RTW.	Mosaic: approx. 200,000. OHP: approx. 2,300 points of access (some clinics have more than one physician).	Family practice, public health, aviation and aerospace medicine, or ER medicine.	Varies by: - state law - which program - customer's desire. In Mosaic, sometimes DCs are treating physicians. There are no DCs in the OHP network [yet].	N/A	OHP: Customers looking for evidence of high quality providers; wanted a national network that could manage disability well.	No	OHP development began two years ago.
Healthcare First	An IPA model HMO. Physicians practice in private or group settings; do not assume risk for medical or indemnity costs. HF at risk for a certain percentage if they do not reach cost reduction goals guaranteed to their clients.	Approximately 3,500 in six states.	At occupational health facilities, some providers are board certified occ med physicians. Also general practitioners agree to see IWs.	No	There are DCs in the network. IWs can be sent to one through the patient advocate (PA) . (All IWs assigned a PA to help navigate WC system and secure type of care they want and need.)	Firm's principals (previously worked in HMO environment) did research for state of MA on accessibility of medical care. Medical community not geared to treat work-related illnesses and injuries. WC system hostile to IWs, not supportive of quality medicine, filled with fraud and litigation. Wanted to create a WC system that works better for all parties involved.	No	1/1/93

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Kaiser Permanente, Northern California Region	HMO	75 dedicated OM FTEs plus access to another 3925 physicians	- OM - internal medicine - phys med/rehab - ER medicine	No	Referral or self-referral.	- emphasis on OM since WWII - 1987 began focus on improving care and communication - Kaiser includes OM as a true specialty.	- Kaiser on the Job is not. - have 24 hour MC, capitated pilot (to be phased out).	- 24 hour pilot: 1993 - HCO product developed in response to legislation available later in 1997
Blue Cross of California	PPO	- Frontline Network: 350 provider groups that specialize in OM. - Prudent Buyer Comp's 9,200 providers also see IWs.	All physicians. (CA labor code recognizes MD, DC, DO, Psychologists., acupuncturists, optometrists, dentists and podiatrists as "physicians.")	Yes	N/A	Bring together the best OM specialists and hold them to highest care standards.	No	1994
California Department of Industrial Relations	9 certified MCOs (HCOs)	Unknown	Any physician licensed in California and trained by the HCO in issues related to WC and OM.	Yes	N/A	- Cost containment. - 1993 MC legislation.	No	1994

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Johns Hopkins University	PPO	6 and residents in OM.	OM residents	No	Self-referral. Maryland is a worker choice state.	- Rapidly increasing costs of self-insuring employees. - Good population to test benefits of early, aggressive treatment.	No	April, 1992
Duke University, Division of Occupational Medicine	3 OH clinics in a business park; providers paid fee for service	11	7 board certified OM, 2 OM interns, and 2 PAs	No	In North Carolina, patients very rarely referred to DCs.	Development coincided with growth in business park. Met need for expertise in high-tech industry injuries.	No	1983
Colorado Compensation Insurance Authority (CCIA)	PPO (SelectNet)	205 primary care; goal of 240. 205 specialists; goal of 250. 25 DCs	OM, internal medicine, family/general practitioner, preventive, physical, rehab	No	Referral by primary treating physicians.	Competition in insurance industry prompted overhaul of claims mngmt program.	No	July, 1996
Concentra Medical Centers	Network of OH clinics	29 physicians, 4 MD extenders	Board certified in OM, internal medicine or family practitioner.	No	Referral or directly if employer provides that coverage.	No MC legislation in AZ.	No	Clinics in business since early '60s, then purchased by a national practice mngmt. company in 1995.
Ohio Bureau of Workers' Compensation (BWC)	PPO	40,000	MDs, DCs, DOs, DPMs	Yes	N/A	BWC became a State agency again in 1995; with business, labor, & provider communities, acted on 1993 legislation.	No	- Qualified Health Plan (QHP) for self-insured, 3/97 - Health Partnership Prog (HPP) for state-fund, 9/96

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Minnesota Department of Labor & Industry	8 State certified MCOs, some PPOs, some HMOs	Not known.	Family practitioner, internal medicine, DC, DO, DPMs DDS	Yes	N/A	Mandated by 1992 legislation designed to reduce costs.	No	First quarter, 1993.
Humana Corporation	PPO-HMO hybrid	3,000 in Florida	Mixed, includes OM, FP	No	Medical case mgr. sets up appt.	Began in 1992 to control Humana's WC costs.	No	Florida program began in 1994.
Milliman & Robertson	System should have control over all components, including PC providers & employers	Use limited provider group selected on quality and disability mngmt criteria	OM ideally and other physicians willing to practice like OM physicians.	Should not be primary.	Accessed by referral from primary treating physician.	- Economics - Legislation can either hinder or enhance program development.	N/A	N/A
Center to Protect Workers' Rights	- Providers should be limited in number but selected by worker reps. - Include case mngmt. in model.	N/A	- OM physicians should be used for consultation and referral, not primary treatment. (there's a shortage of good ones in the US). - Non-OM physicians should be ones who will seek consultation appropriately.	In general, DCs function too far outside traditional medical system and do not refer to medical specialists; difficult to maintain continuity of care.	N/A	N/A	N/A	N/A
National AFL-CIO	- Providers should be chosen by workers - 24-hour plan is best	N/A	Should be GPs, OM physicians, and chiropractic physicians.	Should be primary treating physicians.	N/A	N/A	N/A	N/A